



**WORK EXPERIENCE INCENTIVE PROGRAM
ANNOUNCEMENT OF
JOB OPENING**

DATE: _____

☐ **On-Campus**

☐ **Off-Campus**

POSITION: _____

AREA: _____

LOCATION/EMPLOYER: _____

WORK SUPERVISOR: _____

JOB DESCRIPTION:

CRITERIA FOR SELECTION:

APPLICATION DUE TO WORK PROGRAM COORDINATOR ON: _____

Director Approval

Date

Original to: Work Program Coordinator

Copies to: Worksite Supervisor
Living Areas
School Areas

March 2010